

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

**TRI M. MAI**  
**PRIMARY EXAMINER**

T. Man 08/15/06  
(Primary Examiner) (Date)

**Total Claims Allowed:**

**O.G.**  
**Print Claim(s)**

O.G.  
Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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	2		32		62		92
	3		33		63		93
2	4		34		64		94
10	5		35		65		95
3	6		36		66		96
4	7		37		67		97
5	8		38		68		98
6	9		39		69		99
7	10		40		70		100
8	11		41		71		101
	12		42		72		102
1	13		43		73		103
9	14		44		74		104
	15		45		75		105
	16		46		76		106
	17		47		77		107
	18		48		78		108
	19		49		79		109
	20		50		80		110
11	21		51		81		111
12	22		52		82		112
13	23		53		83		113
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	27		57		87		117
	28		58		88		118
	29		59		89		119
	30		60		90		120
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